

# **2016 Rate Guide for Health, Dental, Life, and Disability Insurance**

## **State Employee Group Insurance Program**

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## Instructions

Follow the directions below and use this Guide to find the health and dental insurance premiums for employees. The rate section lists the rate broken down, semi-monthly and monthly. In most cases you will want to know the semi-monthly rates. (IBU's note: We will bill you the monthly rate.)

### Health Rates

1. Select the Bargaining Unit and Union Code and the appropriate Employment Condition for employee from the Health Coverages by Bargaining Unit chart.
2. What page number is indicated for that bargaining unit and employment condition?  
\_\_\_\_\_
3. Go to the letter/page indicated for that bargaining and employment condition. This will give you the exact rate for that employee.

### Dental Rates

1. Select the Bargaining Unit and the appropriate Employment Condition for employee from the Dental Coverages by Bargaining Unit chart.  
  
What page number is indicated for that bargaining unit and employment condition? \_\_\_\_\_
2. Go to the letter/page indicated for that bargaining and employment condition. This will give you the exact rate for that employee.

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# 2016

This chart shows the Employer (ER) contribution by Bargaining Unit and (union code).

## Health Coverages by Union Code (A)

## Dental Coverages by Union Code (B)

### 201 (LEA) Law Enforcement

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Insurance eligible - no ER contribution	A4	B4

*Note: No part-time employer contribution*

### 202 (AFS) Craft, Maintenance & Labor

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### 203 (AFS) Service

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### 204 (AFS) Health Care Non-Professional

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

### 205 (MNA) Nurses

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Employment Condition	Health Page	Dental Page
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**206 (AFS) Clerical**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**207 (AFS) Technical**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**208 (AFS) Correctional Guards**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**209 (IFO) State University Faculty**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**210 (MSC) MN State College Faculty**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A3	B3
Insurance eligible - no ER contribution	A4	B4

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**211 (MSU) State University—Administrative and Service Faculty**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

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**212 (GEC) Minnesota Government Engineering Council**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

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**213 (UNR) Health Treatment Professional—Commissioner's Plan**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

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**214 (MAP) Minnesota Association of Professional Employees**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A3	B3
Insurance eligible - no ER contribution	A4	B4

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**215 (SRS) Professional State Residential Instructor**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**216 (MMA) Middle Management Association**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time - (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**217 (UNR) Commissioner's Plan**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**219 (UNR) Not in Unit—Severed MS179**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**220 (UNR) Excluded Managerial Plan**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**221 (UNR) Excluded—All other**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**222 (UNR) Agency Exclusive**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**223 (UNR) Unclassified**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**225 (AFS) Public Safety Radio Operator**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**300 (MTP) Public Defense Assistant Attorney**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**301 (MTP) Public Defense Support Staff**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**308 (UNR) Public Defense/Unrepresented Personnel**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**309 (UNR) Public Defense/Unrepresented Managers**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**330 (A65) Judicial – AFSCME 65 Clerical/Technical**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**331 (MTP) Judicial – Teamsters Clerical/Technical**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**332 (JCR) Courts – Teamsters 320/Court Reporters**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4



**334 (A14) Courts – Teamsters AFSCME Council 14**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

**(Z01-Z27) IBU's**

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<b>Employment Condition</b>	<b>Health Page</b>	<b>Dental Page</b>
Full-time (75-100%)	A1	B1
Part-time (50-75%)	A2	B2
Insurance eligible - no ER contribution	A4	B4

*Note: See plan covering employee for appropriate employer contribution for part-time employees.*

## Availability by county

### Health

The Minnesota Advantage Health Plan is available in all counties of Minnesota. However, the availability under each carrier may differ slightly.

BlueCross BlueShield and HealthPartners offer the Advantage Plan in all counties of Minnesota. **PreferredOne offers the Minnesota Advantage Plan in all counties of Minnesota, however in Houston county there is no coverage.**

Each carrier offering the Minnesota Advantage Health Plan also provides a National Preferred Provider Organization (PPO) for members who permanently reside outside the state and the service area (bordering counties) of Minnesota. Please check with the carriers if you require access to the PPO, as not all carriers offer PPO's in every state.

### Dental

The State Dental Plan, administered by Delta Dental offers total coverage in all counties of Minnesota.

The HealthPartners State of Minnesota Dental Plan offers total coverage in all counties of Minnesota.

## **Section A**

### **2016 Health Plan Rates**

## 2016 Health Plans

### Full Employer Contribution

All Union Codes/Bargaining Units

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	564.22	536.02	28.20	1094.98	930.74	164.24	1659.20	1466.76	192.44
Advantage HealthPartners	564.22	536.02	28.20	1094.98	930.74	164.24	1659.20	1466.76	192.44
Advantage PreferredOne	564.22	536.02	28.20	1094.98	930.74	164.24	1659.20	1466.76	192.44

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	282.11	268.01	14.10	547.49	465.37	82.12	829.60	733.38	96.22
Advantage HealthPartners	282.11	268.01	14.10	547.49	564.37	82.12	829.60	733.38	96.22
Advantage PreferredOne	282.11	268.01	14.10	547.49	564.37	82.12	829.60	733.38	96.22

Section A-1

## 2016 Health Plans

### 75.00% Employer Contribution

Union Codes: AFS, A14, A65, GEC, IFO, JCR, MMA, MNA, MSU, MTP, SRS, UNR, Z01-Z27

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	564.22	402.02	162.20	1094.98	698.06	396.92	1659.20	1100.08	559.12
Advantage HealthPartners	564.22	402.02	162.20	1094.98	698.06	396.92	1659.20	1100.08	559.12
Advantage PreferredOne	564.22	402.02	162.20	1094.98	698.06	396.92	1659.20	1100.08	559.12

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	282.11	201.01	81.10	547.49	349.03	198.46	829.60	550.04	279.56
Advantage HealthPartners	282.11	201.01	81.10	547.49	349.03	198.46	829.60	550.04	279.56
Advantage PreferredOne	282.11	201.01	81.10	547.49	349.03	198.46	829.60	550.04	279.56

Section A-2

## 2016 Health Plans

### 50.00% Employer Contribution

Union Codes: MAP, MSC

<b>Monthly Rates</b>	<b>Employee Coverage</b>			<b>Dependent Coverage</b>			<b>Family Coverage</b>		
<b>Health Plan</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>
Advantage BlueCross	564.22	268.02	296.20	1094.98	465.38	629.60	1659.20	733.40	925.80
Advantage HealthPartners	564.22	268.02	296.20	1094.98	465.38	629.60	1659.20	733.40	925.80
Advantage PreferredOne	564.22	268.02	296.20	1094.98	465.38	629.60	1659.20	733.40	925.80

<b>Semi-Monthly Rates</b>	<b>Employee Coverage</b>			<b>Dependent Coverage</b>			<b>Family Coverage</b>		
<b>Health Plan</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>
Advantage BlueCross	282.11	134.01	148.10	547.49	232.69	314.80	829.60	366.70	462.90
Advantage HealthPartners	282.11	134.01	148.10	547.49	232.69	314.80	829.60	366.70	462.90
Advantage PreferredOne	282.11	134.01	148.10	547.49	232.69	314.80	829.60	366.70	462.90

Section A-3

## 2016 Health Plans

### 0.00% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	564.22	0	564.22	1094.98	0	1094.98	1659.20	0	1659.20
Advantage HealthPartners	564.22	0	564.22	1094.98	0	1094.98	1659.20	0	1659.20
Advantage PreferredOne	564.22	0	564.22	1094.98	0	1094.98	1659.20	0	1659.20

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
Advantage BlueCross	282.11	0	282.11	547.49	0	547.49	829.60	0	829.60
Advantage HealthPartners	282.11	0	282.11	547.49	0	547.49	829.60	0	829.60
Advantage PreferredOne	282.11	0	282.11	547.49	0	547.49	829.60	0	829.60

Section A-4

## **Section B**

### **2016 Dental Plan Rates**



## 2016 Dental Plans

### Full Employer Contribution

All Union Codes/Bargaining Units

<b>Monthly Rates</b>	<b>Employee Coverage</b>			<b>Dependent Coverage</b>			<b>Family Coverage</b>		
<b>Health Plan</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>
State Dental Plan (Delta)	29.70	24.70	5.00	58.14	29.08	29.06	87.84	53.78	34.06
HealthPartners State of MN Dental Plan	29.70	24.70	5.00	58.14	29.08	29.06	87.84	53.78	34.06

<b>Semi-Monthly Rates</b>	<b>Employee Coverage</b>			<b>Dependent Coverage</b>			<b>Family Coverage</b>		
<b>Health Plan</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>
State Dental Plan (Delta)	14.85	12.35	2.50	29.07	14.54	14.53	43.92	26.89	17.03
HealthPartners State of MN Dental Plan	14.85	12.35	2.50	29.07	14.54	14.53	43.92	26.89	17.03

Section B-1

## 2016 Dental Plans

### 75.00% Employer Contribution

Union Codes: AFS, A14, A65, GEC, IFO, JCR, MMA, MNA, MSU, MTP, SRS, UNR, Z01-Z27

<b>Monthly Rates</b>	<b>Employee Coverage</b>			<b>Dependent Coverage</b>			<b>Family Coverage</b>		
<b>Health Plan</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>
State Dental Plan (Delta)	29.70	18.54	11.16	58.14	21.82	36.32	87.84	40.36	47.48
HealthPartners State of MN Dental Plan	29.70	18.54	11.16	58.14	21.82	36.32	87.84	40.36	47.48

<b>Semi-Monthly Rates</b>	<b>Employee Coverage</b>			<b>Dependent Coverage</b>			<b>Family Coverage</b>		
<b>Health Plan</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>
State Dental Plan (Delta)	14.85	9.27	5.58	29.07	10.91	18.16	43.92	20.18	23.74
HealthPartners State of MN Dental Plan	14.85	9.27	5.58	29.07	10.91	18.16	43.92	20.18	23.74

Section B-2

## 2016 Dental Plans

### 50.00% Employer Contribution

Union Codes: MAP, MSC

<b>Monthly Rates</b>	<b>Employee Coverage</b>			<b>Dependent Coverage</b>			<b>Family Coverage</b>		
<b>Health Plan</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>
State Dental Plan (Delta)	29.70	12.36	17.34	58.14	14.54	43.60	87.84	26.90	60.94
HealthPartners State of MN Dental Plan	29.70	12.36	17.34	58.14	14.54	43.60	87.84	26.90	60.94

<b>Semi-Monthly Rates</b>	<b>Employee Coverage</b>			<b>Dependent Coverage</b>			<b>Family Coverage</b>		
<b>Health Plan</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>	<b>Total</b>	<b>State</b>	<b>Employee</b>
State Dental Plan (Delta)	14.85	6.18	8.67	29.07	7.27	21.80	43.92	13.45	30.47
HealthPartners State of MN Dental Plan	14.85	6.18	8.67	29.07	7.27	21.80	43.92	13.45	30.47

Section B-3

## 2016 Dental Plans

### 0.00% Employer Contribution

Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	29.70	0	29.70	58.14	0	58.14	87.84	0	87.84
HealthPartners State of MN Dental Plan	29.70	0	29.70	58.14	0	58.14	87.84	0	87.84

Semi-Monthly Rates	Employee Coverage			Dependent Coverage			Family Coverage		
Health Plan	Total	State	Employee	Total	State	Employee	Total	State	Employee
State Dental Plan (Delta)	14.85	0	14.85	29.07	0	29.07	43.92	0	43.92
HealthPartners State of MN Dental Plan	14.85	0	14.85	29.07	0	29.07	43.92	0	43.92

Section B-4

# Life Plans

## Basic Life Insurance

### **Monthly Rates**

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	10.16	10.16	0.00
Manager's Life – 2.0 X — MLMB	55.38	55.38	0.00
Manager's Life – 1.5 X — MLMA	38.00	38.00	0.00
Manager's Life – 1.5 + .5 X — MLMC	55.38	38.00	17.38

### **Semi-Monthly Rates**

LIFE PLAN	Total	State	Employee
Basic Employee Life — MMLB	5.08	5.08	0.00
Manager's Life – 2.0 X — MLMB	27.69	27.69	0.00
Manager's Life – 1.5 X — MLMA	19.00	19.00	0.00
Manager's Life – 1.5 + 5 X — MLMC	27.69	19.00	8.69

## Optional Employee or Spouse Life Insurance

### Per \$5,000 in Coverage

Age of Employee or Spouse	MONTHLY	SEMI-MONTHLY
under age 30	0.30	0.15
age 30 - 34	0.40	0.20
age 35 - 39	0.46	0.23
age 40 - 44	0.56	0.28
age 45 - 49	0.96	0.48
age 50 - 54	1.76	0.88
age 55 - 59	2.76	1.38
age 60 - 64	4.50	2.25
age 65 - 69	7.26	3.63
age 70 – 74	11.76	5.88
age 75 – 79	19.00	9.50
age 80 – 84	30.76	15.38
age 85 – 89	61.50	30.75

### Child Life Insurance

Coverage Amount	MONTHLY	SEMI-MONTHLY
\$10,000	0.84	0.42

### Accidental Death and Dismemberment Insurance

#### Cost For \$5,000 in Coverage

<u>MONTHLY</u>	<u>SEMI-MONTHLY</u>
0.16	0.08

## **2016 Disability Plan Rates**

## 2016 Disability Plans

### Short-Term Disability Insurance

monthly benefit	semi monthly	monthly
300	1.86	3.72
400	2.48	4.96
500	3.10	6.20
600	3.72	7.44
700	4.34	8.68
800	4.96	9.92
900	5.58	11.16
1000	6.20	12.40
1100	6.82	13.64
1200	7.44	14.88
1300	8.06	16.12
1400	8.68	17.36
1500	9.30	18.60
1600	9.92	19.84
1700	10.54	21.08
1800	11.16	22.32
1900	11.78	23.56
2000	12.40	24.80
2100	13.02	26.04
2200	13.64	27.28
2300	14.26	28.52
2400	14.88	29.76
2500	15.50	31.00
2600	16.12	32.24
2700	16.74	33.48
2800	17.36	34.72
2900	17.98	35.96
3000	18.60	37.20
3100	19.22	38.44
3200	19.84	39.68
3300	20.46	40.92
3400	21.08	42.16
3500	21.70	43.40
3600	22.32	44.64
3700	22.94	45.88
3800	23.56	47.12
3900	24.18	48.36
4000	24.80	49.60
4100	25.42	50.84
4200	26.04	52.08
4300	26.66	53.32
4400	27.28	54.56
4500	27.90	55.80
4600	28.52	57.04
4700	29.14	58.28
4800	29.76	59.52
4900	30.38	60.76
5000	31.00	62.00

\*You may enroll in short-term disability in amounts up to 2/3 of your gross monthly salary.

## 2016 Disability Plans

### Long-term disability insurance

<b>gross annual</b>	<b>salary</b>	<b>max monthly benefit from all sources</b>	<b>max monthly benefit payable</b>	<b>monthly cost</b>	<b>semi monthly cost</b>
6,001	6,500	300	300	1.62	.81
6,501	7,000	350	350	1.89	.95
7,001	8,000	400	400	2.16	1.08
8,001	9,000	450	450	2.43	1.22
9,001	10,000	500	500	2.70	1.35
10,001	11,000	550	550	2.97	1.49
11,001	12,000	600	600	3.24	1.62
12,001	12,500	650	650	3.51	1.76
12,501	13,000	700	700	3.78	1.89
13,001	14,000	750	750	4.05	2.03
14,001	15,000	800	800	4.32	2.16
15,001	16,000	850	850	4.59	2.30
16,001	18,000	900	900	4.86	2.43
18,001	19,000	950	950	5.13	2.57
19,001	20,000	1,000	1,000	5.40	2.70
20,001	22,000	1,100	1,100	5.94	2.97
22,001	24,000	1,200	1,200	6.48	3.24
24,001	26,000	1,300	1,300	7.02	3.51
26,001	28,000	1,400	1,400	7.56	3.78
28,001	30,000	1,500	1,500	8.10	4.05



<b>gross annual</b>	<b>salary</b>	<b>max monthly benefit from all sources</b>	<b>max monthly benefit payable</b>	<b>monthly cost</b>	<b>semi monthly cost</b>
30,001	32,000	1,600	1,600	8.64	4.32
32,001	34,000	1,700	1,700	9.18	4.59
34,001	36,000	1,800	1,800	9.72	4.86
36,001	38,000	1,900	1,900	10.26	5.13
38,001	40,000	2,000	2,000	10.80	5.40
40,001	42,000	2,100	2,100	11.34	5.67
42,001	44,000	2,200	2,200	11.88	5.94
44,001	46,000	2,300	2,300	12.42	6.21
46,001	48,000	2,400	2,400	12.96	6.48
48,001	50,000	2,500	2,500	13.50	6.75
50,001	52,000	2,600	2,600	14.04	7.02
52,001	54,000	2,700	2,700	14.58	7.29
54,001	56,000	2,800	2,800	15.12	7.56
56,001	58,000	2,900	2,900	15.66	7.83
58,001	60,000	3,000	3,000	16.20	8.10
60,001	61,000	3,100	3,100	16.74	8.37
61,001	62,000	3,200	3,200	17.28	8.64
62,001	63,000	3,300	3,300	17.82	8.91
63,001	64,000	3,400	3,400	18.36	9.18
64,001	65,000	3,500	3,500	18.90	9.45
65,001	67,000	3,600	3,600	19.44	9.72
67,001	69,000	3,700	3,700	19.98	9.99

<b>gross annual</b>	<b>salary</b>	<b>max monthly benefit from all sources</b>	<b>max monthly benefit payable</b>	<b>monthly cost</b>	<b>semi monthly cost</b>
69,001	71,500	3,800	3,800	20.52	10.26
71,501	73,000	3,900	3,900	21.06	10.53
73,001	75,000	4,000	4,000	21.60	10.80
75,001	77,000	4,100	4,100	22.14	11.07
77,001	79,000	4,200	4,200	22.68	11.34
79,001	81,000	4,300	4,300	23.22	11.61
81,001	83,000	4,400	4,400	23.76	11.88
83,001	85,000	4,500	4,500	24.30	12.15
85,001	87,000	4,600	4,600	24.84	12.42
87,001	89,000	4,700	4,700	25.38	12.69
89,001	91,000	4,800	4,800	25.92	12.96
91,001	93,000	4,900	4,900	26.46	13.23
93,001	96,000	5,000	5,000	27.00	13.50
96,001	98,000	5,100	5,100	27.54	13.77
98,001	100,000	5,200	5,200	28.08	14.04
100,001	102,000	5,300	5,300	28.62	14.31
102,001	104,000	5,400	5,400	29.16	14.58
104,001	106,000	5,500	5,500	29.70	14.85
106,000	108,000	5,600	5,600	30.24	15.12
108,001	110,000	5,700	5,700	30.78	15.39
110,001	112,000	5,800	5,800	31.32	15.66
112,001	114,000	5,900	5,900	31.86	15.93

<b>gross annual</b>	<b>salary</b>	<b>max monthly benefit from all sources</b>	<b>max monthly benefit payable</b>	<b>monthly cost</b>	<b>semi monthly cost</b>
114,001	116,000	6,000	6,000	32.40	16.20
116,001	118,000	6,100	6,100	32.94	16.47
118,001	120,000	6,200	6,200	33.48	16.74
120,001	122,000	6,300	6,300	34.02	17.01
122,001	124,000	6,400	6,400	34.56	17.28
124,001	126,000	6,500	6,500	35.10	17.55
126,001	128,000	6,600	6,600	35.64	17.82
128,001	130,000	6,700	6,700	36.18	18.09
130,001	132,000	6,800	6,800	36.72	18.36
132,001	133,500	6,900	6,900	37.26	18.63
133,501	135,500	7,000	7,000	37.80	18.90

\*The maximum benefit from all sources is the most you can expect to receive from all sources of disability income, including but not limited to, state disability retirement, workers' compensation, Social Security and any other income you may receive.

## 2016 Disability Plans

### Manager's Long-Term Disability Insurance

Monthly – Per \$100 Monthly Salary

	<b>Total</b>	<b>State</b>	<b>Employee</b>
Plan A 150 Day	.22	.22	.00
Plan A 120 Day	.24	.22	.02
Plan A 90 Day	.26	.22	.04
Plan A 60 Day	.29	.22	.07
Plan A 30 Day	.32	.22	.10
Plan B 150 Day	.22	.00	.22
Plan B 120 Day	.24	.00	.24
Plan B 90 Day	.26	.00	.26
Plan B 60 Day	.29	.00	.29
Plan B 30 Day	.32	.00	.32

Plan A = 1 ½ x salary for life insurance

Plan B = 2x salary for life insurance